**CENTRE FOR SCIENCE AND TECHNOLOGY**

**OF THE NON-ALIGNED AND OTHER DEVELOPING COUNTRIES**

**(NAM S&T CENTRE)**

**International Training Program**

**(A Virtual Conference)**

**On**

**“GENERIC DRUGS”**

**19 NOVEMBER 2020**

Please affix your scanned photograph

**REGISTRATION FORM**

*Please TYPE or use BLOCK capitals;*

*No column should be left blank)*

 **SECTION –A**

(To be filled in by the nominee)

1 First Name (Prof/Dr/Mr/Mrs/Ms): ......................... Last Name.......................

 (As in Passport)

2. Father’s/Spouse Name: ……………………………………...........................

3 Designation (Position held): ……………………………………………..........

4. Nationality: ...................................................................................................

5 Date of Birth: …………. Place of Birth (City) ……….….. (Country)………..

6 Name of the Parent Institution (Employer): .................................................

 Full Address (Office): ............................................………………………....

 .....................................................................................................................

 Phone: ........…................................. Fax: ....................................................

 E-mail: ............................................ ............................... .............................

7 Full Address (Home): ....................................................................................

 .......................................................................................................................

 Phone: ........…................................. Mobile: .................................................

 Fax: ............................................…. E-mail: ..................................................

8 Educational Qualifications: Highest Degree. ..................................................

 Year of Award: ...................... University: .......................................................

 Field of Study: ................................................................................................

9 Brief Bio data (CV): ………………………………………………………………

 (**Maximum two pages, in MSWord**; to be attached on separate sheets per attached

 format)

10 What in your opinion qualifies you for participation in this virtual training program?

(To be attached on separate sheet)

Date: .............................. Signature: ............................................................

 **SECTION –B**

 **ENDORSEMENT BY NOMINATING AUTHORITY**

(The Applicant in a member country of the NAM S&T Centre must get the Nomination Form endorsed by the Focal Point of the Centre in his/her country, *if he/she wishes to take advantages extended to the official nominee of the country*. For the list of member countries and names/addresses of the Focal Points please visit the Centre’s website [www.namstct.org](http://www.namstct.org/).)

Signature: ...............…...............................................................

Name (in full): ...........................................................................

Designation: .......................…....................................................

Date: ....................….......................………….............................

**SEAL**

**Enclosures;**

1. Brief CV (maximum two pages,as per **attached** format; **in MSWord**)
2. A statement on what qualifies you for participation in this virtual training program.

**CENTRE FOR SCIENCE AND TECHNOLOGY**

**OF THE NON-ALIGNED AND OTHER DEVELOPING COUNTRIES**

**(NAM S&T CENTRE)**

**INDIA HABITAT CENTRE, LODHI ROAD**

**NEW DELHI, INDIA**

**Curriculum Vitae**

1. **Personal Details:**

**Name:**(Prof./Dr./Mr./Mrs./Ms.)

**Font Name:** Times New Roman **Font Size :**12

**Designation:**Position Title

 **Present Employer:**Full Address (Office)

**City/State/Province:**

**Country:**

**Nationality:**

**Date of Birth:** DD/MM/YYYY

**Proficiency in English Language:**

**Permanent Address:** Full Address (Home)

**Gender:**

**Marital Status:**

**Contact: Mobile:**

**Telephone Office: Fax:**

**E-mail: Alternative e-mail:**

1. **Academic Qualifications:** In chronological order

|  |  |  |  |
| --- | --- | --- | --- |
| **Qualification Awarded**Degree/Diploma/Certificate | **Major Subject** | **University/Institution** | **Year (From-To)**  |
|  |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

1. **Professional Experience:** In chronological order

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation/Institution** | **Position Title** | **Year****(From-To)**  | **Nature of duties** |
| **1.**  |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

Total number of years of relevant experience –

1. **Research Experience:** In chronological order

|  |  |  |
| --- | --- | --- |
| **Research Title** | **Duration** | **Status** |
|  |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |

1. **Administrative Experience:**Not more than 100 words
2. **Experience with respect to the title of the conference:**
3. **Details of Awards/Recognitions (if any) :**
4. **Any other information:** Not more than 50 words
5. **Recent Publications:**Only five recent publications to be mentioned
6. **Recent Photograph**: A recent passport size colour photo to be **attached**